

Express Mail Label N . EV978718828US

DECLARATION FOR UTILITY PATENT APPLICATION	Attorney Docket N . COOK 8713C4
	First Inventor: Daniel J. Cook
	Complete if Known
	Application No.
	Filing Date
	Art Unit
	Examiner Name

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **LARYNGEAL MASK**, the specification of which

☒ is attached hereto.

☐ was filed on

☐ and was amended on _____ as United States App. No. _____ or PCT
International App. No. _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below:

<u>09/829,157</u> (Application No.)	<u>9 April 2001</u> (Filing Date)	<u>pending</u> (Status - patented, pending, abandoned)
<u>09/179,928</u> (Application No.)	<u>27 October 1988</u> (Filing Date)	<u>patented</u> (Status - patented, pending, abandoned)
<u>08/843,631</u> (Application No.)	<u>10 April 1997</u> (Filing Date)	<u>patented</u> (Status - patented, pending, abandoned)

Direct all telephone calls to Ahaji K. Amos at Telephone No. (314) 872-8118.

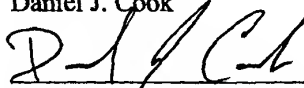
Address all correspondence to Customer Number 001688.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Sole Inventor:

Daniel J. Cook

Inventor's Signature:



Date:

8/21/03

Residence:

Richmond Heights, Missouri

Citizenship:

USA

Post Office Address:

1167 Hillside Drive, Richmond Heights, Missouri 63117

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	DANIEL J. COOK
Title	LARYNGEAL MASK
Art Unit	3761
Examiner Name	Darwin P. Erez
Attorney Docket Number	COOK 8713C4

I hereby appoint:

☒ Practitioners at Customer Number:

001688

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

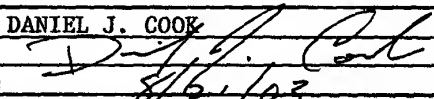
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ahaji K. Amos			
Address	Polster, Lieder, Woodruff & Lucchesi, L.C.			
Address	763 South New Ballas Road			
City	St. Louis	State	Missouri	Zip 63141-8750
Country	USA			
Telephone	314-872-8118	Fax	314-991-2178	

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	DANIEL J. COOK		
Signature			
Date	8/6/03	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.